Practitioner's	Dacket No.	MPI00-471P1RM (previously 10147-61U1)	ł

**PATENT** 

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Application No.:

Filed: For:

Glucksmann, Maria A., et al
09/970,287

Group No.: 1635

October 03, 2001

Examiner: Karen A. Lacourciere
22437, A NOVEL HUMAN SULFATASE AND USES THEREFOR FAX RECEIVED

AUG 2 6 2003

GROUP 1600

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Transmitted herewith for this application is/are: ī.

This Transmittal Letter (2 pages - in duplicate); and

Response to Restriction Requirement (4 pages).

# **STATUS**

2. Applicant is other than a small entity.

#### PETITION FOR EXTENSION OF TIME

3.	The proceed	ings herein a	re for a pate	nt application	and the	provisions	of 37 C.F.R	. 1.136 apply.
Appli	cant petitions f	or an extensi	on of time u	inder 37 C.F.R	L 1.136	(fees: 37 C	C.F.R. 1.17(a	i)(1)-(3)) for a
1	month extension	n:						

Fee:

\$110.00

# CERTIFICATION UNDER 37 C.F.R. SECTIONS 1,8(a) and 1.10\*

I hereby certify that, on the date shown below, this correspondence is being:

# MAILING

deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10\*

with sufficient postage as first class mail. as "Express Mail Post Office to Addressee" Mailing Label No.

TRANSMISSION transmitted by facsimile to the Patent and Trademark Office. 703-872-9346

Signature

Date: 25 August 2003

Diana Gentile

(type or print name of person certifying)

(Page 1 of 2)

09970287

# Practiti ner's Docket No. MPI00-471P1RM (previously 10147-61U1)

Extension fee due with this request

\$110.00

If an additional extension of time is required, please consider this a petition therefor.

#### FEE FOR CLAIMS

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	OTHER THAN A SMALL ENTITY			
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Raic		Addit. Fee
Total	0	Minus	0	-	0	\$18.00	-	\$0.00
Indep.	0	Minus	0	-	0	\$84.00	=	\$0.00
First Presentation of Multiple Dependent		0		<del></del>	\$280.00	-	\$0.00	
Claims					<u></u>	Total		\$0.00

Total additional fee for claims required

\$0.00

# FEE PAYMENT

Charge Account No. 501668 the sum of \$110.00 (which includes the \$110.00 **5**. \$0.00 additional fee for claims). A duplicate of this transmittal extension fee and the is attached.

# FEE DEFICIENCY

- If any additional extension and/or fee is required, charge Account No. 501668. б. If any additional fee for claims is required, charge Account No. 501668.
- Correspondence Address 7.

Direct all future correspondence to:

**Customer Number 30405** 

OR

Intellectual Property Department MILLENNIUM PHARMACEUTICALS, INC. 75 Sidney Street

Cambridge, MA 02139

25 August 2003

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